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CONFIRMATION NO. 8233

<b>SERIAL NUMBER</b> 10/825,965	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 1023-361US01
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## APPLICANTS

Kenneth T. Heruth, Edina, MN;  
 Keith A. Miesel, St. Paul, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/553,778 03/16/2004

ok Btg 9/16/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none Btg 9/16/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 76	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>Btg</i>				

## ADDRESS

28863

## TITLE

Collecting activity information to evaluate therapy

<b>FILING FEE RECEIVED</b> 2366	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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